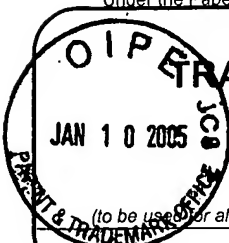
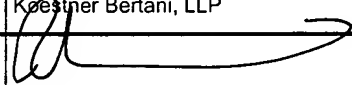


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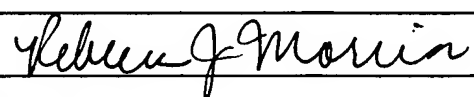
	Application Number	10/614,969	
	Filing Date	July 8, 2003	
	First Named Inventor	Dennis P. Schwartz, et al.	
	Art Unit	3629	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	3	Attorney Docket Number	1058.P001USC1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	Please change the attorney docket number to 1058.P001USC1 for the above-referenced matter. Thank you.	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Koestner Bertani, LLP		
Signature			
Printed name	Robert A. McLaughlan		
Date	January 3, 2005	Reg. No.	44,924

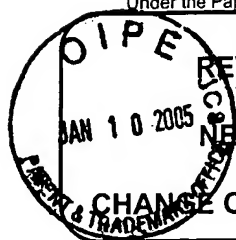
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Typed or printed name	Rebecca Morrison	Date	January 3, 2004

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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/614,969
Filing Date	July 8, 2003
First Named Inventor	Dennis P. Schwartz
Art Unit	3629
Examiner Name	Unknown
Attorney Docket Number	1058.P001USC1 (13754:11)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 39191

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Robert A. McLauchlan, Koestner Bertani, LLP				
Address	P.O. Box 26780				
City	Austin	State	TX	Zip	78755
Country	USA				
Telephone	(512) 339-4100	Fax	(512) 692-2529		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Dennis P. Schwartz		
Date	October 14, 2004	Telephone	(972) 562-1966

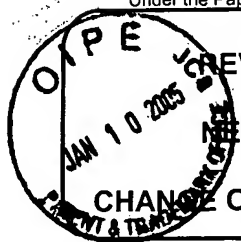
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

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Application Number	10/614,969
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First Named Inventor	Dennis P. Schwartz
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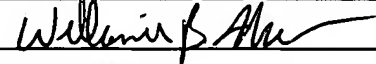
<input checked="" type="checkbox"/> Firm or Individual Name	Robert A. McLauchlan, Koestner Bertani, LLP				
Address	P.O. Box 26780				
City	Austin	State	TX	Zip	78755
Country	USA				
Telephone	(512) 339-4100	Fax	(512) 692-2529		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	William B. Mow		
Date	October 14, 2004	Telephone	(972) 562-1966

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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